

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/524936**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34	1		1			
35		1				
36		2				
37		2				
38		2				
39		2				
40	1		1			
41		1				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		2				
54		2				
55		2				
56		2				
57	1		1			
58		1				
59		2				
60		2				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68		2	1			
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		2				
76		2				
77		2				
78		2				
79	1		1			
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		2				
88		2				
89		2				
90	1		1			
91		1				
92		2				
93		2				
94		2				
95		2				
96		2				
97		2				
98		2				
99		2				
100		2				
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←		93	←	←	
TOTAL CLAIMS			100			